

## Notice of Independent Review Decision

**DATE OF REVIEW:**

03/04/2010

**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Eight additional sessions of physical therapy for the lumbar spine.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Board Certified Chiropractor

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**Eight additional sessions of physical therapy for the lumbar spine is not medically necessary.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- TDI/DIVISION OF WORKERS' COMPENSATION referral forms
- 02/17/10 MCMC Referral
- 02/16/10 Notice Of Assignment Of Independent Review Organization, DWC
- 02/16/10 Notice To Utilization Review Agent of Assignment, DWC
- 02/16/10 Notice To MCMC, LLC Of Case Assignment, DWC
- 02/16/10 letter
- 02/16/10 Confirmation Of Receipt Of A Request For A Review, DWC
- 02/15/10 Reconsideration/Appeal of Adverse Determination letter
- 02/11/10 letter from P.L.L.C.
- 02/03/10 Request For A Review By An Independent Review Organization
- 02/03/10 Utilization Review Determination letter
- 01/13/10 office note, Dr. Chiropractic
- 12/21/09 Dispute Resolution Denial letter, Claim Services Officer, DWC
- 12/14/09 CMT and ROM test report, Therapy & Diagnostics
- 12/08/09 letter from Corporate Workers' Compensation & Safety Specialist, NCO
- 12/01/09, 11/23/09 Chiropractic Clinic questionnaires completed by claimant
- 11/30/09 (Date of Exam) Report of Medical Evaluation (poor quality)

- 11/30/09 designated doctor exam from M.D.
- 11/30/09 letter from M.D.
- 11/30/09 Functional Capacity Evaluation, M.D.
- 11/12/09 Pre-Authorization Request, D.C., Wellness Clinic
- 11/02/09 CMT and ROM test report, Therapy & Diagnostics
- 10/23/09 procedure report, M.D., MRI & Diagnostics
- 09/28/09 letter from Corporate Workers' Compensation & Safety Specialist, NCO
- 09/22/09, 01/07/10 Dr. Procedure Orders, Orthopedics
- 09/17/09, 11/02/09, 12/14/09 Orthopedic Reports, M.D., Orthopedics
- 09/17/09 MMT and ROM test report, Therapy & Diagnostics
- 08/18/09 to 12/01/09 W/C chart notes
- 08/18/09 to 09/14/09 Therapeutic Procedure Charts
- 08/06/09 Pre-Authorization Request, D.C., Wellness Clinic
- 07/27/09 CMT and ROM report, Therapy & Diagnostics
- 07/27/09 Orthopedic Consult, M.D., Orthopedics
- 07/27/09, 11/02/09 Diagnostic Services forms signed by Dr.
- 07/27/09 X-Ray Lumbar review report, M.D.
- 07/17/09, 08/20/09, 09/10/09 Initial Office Visit & Diagnosis
- 07/17/09 to 01/11/10 Work Status Reports, DWC
- 07/13/09 Lower Extremity Electrodiagnostic Evaluation, D.C., Diagnostics
- 07/09/09 MRI lumbar spine, Diagnostic
- 07/06/09 Letter of Medical Necessity, Dr., Wellness Clinic
- 07/06/09 Pre-Authorization Request, D.C., Wellness Clinic
- 05/21/09 lumbar spine x-rays, Imaging Center
- 05/21/09 Physician's Request For Authorization Of Reasonable and Necessary DME Equipment, Relief Medical
- 05/21/09 to 11/12/09 Clinical Evaluations, D.C., Wellness Clinic
- 05/12/09 to 06/25/09 Patient Treatment Record
- 05/14/09 Initial Evaluation, D.C., Wellness Clinic
- 05/11/09 Orthopedic Report, M.D., Orthopedics
- 2009 –DMEPOS Fee Schedule
- 08/28/08 Fax Transmission letter from Data Department,
- 04/22/03 Decision and Order, Administrative Law Judge, State Office of Administrative Hearings
- Article entitled, "The Current State of Cervical and Lumbar Spinal Disc Arthroplasty", The Journal of Bone & Joint Surgery
- Article entitled, "Diagnostic and Therapeutic Spinal Injections"
- Article entitled, "The effect of spinal steroid injections for degenerative disc disease"
- Article entitled, "Epidural steroid injections"
- Article entitled, "Nerve Root Blocks in the Treatment of Lumbar Radicular Pain"
- Article entitled, "Epidural steroid injections (ESIs) therapeutic"
- Article entitled, "Definitions of Clinical Findings Used to Plan an Individual in a DRE Category"
- Undated Employer's First Report of Injury or Illness
- Article entitled, "EMS Benefits"

- Article entitled, “EMS – Approved by the FDA”
- Undated “Description of Services” with notice of payment due
- Article entitled, “Enforcement Notice”
- Article entitled, “Electrical Neuromuscular Stimulator”
- Article entitled, “Statutory, Administrative, and Ethics Laws Applicable to the Performance of Utilization Review”
- ODG Guidelines for Physical Therapy

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

Records indicate that the above captioned individual is a male who presented to the office of the Attending Provider (AP) for treatment of injuries reportedly arising out of an occupational injury that allegedly occurred on or about xx/xx/xx. To date, the injured individual has received some 21 visits consisting of chiropractic management as well as therapeutic modalities both passive and active. MRI findings dated 07/09/2009 revealed degenerative changes and multilevel disc bulging and an electromyogram (EMG) dated 07/09/2009 revealed the presence of radiculopathy at L5. A designated doctor examination dated 01/13/2010 opined that the injured individual was not at Maximum Medical Improvement (MMI) but could work light duty and recommended epidural steroid injections (ESIs). A recent daily note dated 01/13/2010 indicates that the injured individual continues to complain of moderate to severe pain and exhibits positive orthopedic testing as well as palpable changes.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The documentation fails to establish the rationale for the medical necessity for the requested course of care, eight additional sessions of physical therapy. Specifically, the Official Disability Guidelines allows ten to twelve visits of physical therapy for the condition of record. While the documentation does not clearly identify the actual number of physical therapy encounters attended to date, it is clear that the injured individual has already participated in a protracted course of physical therapy, pre and post injection. The request would exceed the guidelines of the Official Disability Guidelines in regards to the delivery of physical therapy for the condition of record. Moreover, the documentation fails to unequivocally demonstrate that the past course of physical therapy has produced lasting and significant therapeutic benefit from a subjective and/or objective standpoint that would warrant consideration of additional therapy within or outside of the guidelines of the Official Disability Guidelines. As such, the medical necessity for the requested course of physical therapy is not established.

### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

#### **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Official Disability Guidelines (ODG)

ODG Physical Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial".

Lumbar sprains and strains (ICD9 847.2):



10 visits over 8 weeks

Sprains and strains of unspecified parts of back (ICD9 847):

10 visits over 5 weeks

Sprains and strains of sacroiliac region (ICD9 846):

Medical treatment: 10 visits over 8 weeks

Lumbago; Backache, unspecified (ICD9 724.2; 724.5):

9 visits over 8 weeks

Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8):

Medical treatment: 10 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks

Post-surgical treatment (arthroplasty): 26 visits over 16 weeks

Post-surgical treatment (fusion, after graft maturity): 34 visits over 16 weeks

Intervertebral disc disorder with myelopathy (ICD9 722.7)

Medical treatment: 10 visits over 8 weeks

Post-surgical treatment: 48 visits over 18 weeks

Spinal stenosis (ICD9 724.0):

10 visits over 8 weeks

See 722.1 for post-surgical visits

Sciatica; Thoracic/lumbosacral neuritis/radiculitis, unspecified (ICD9 724.3; 724.4):

10-12 visits over 8 weeks

See 722.1 for post-surgical visits